Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390325	:	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/29/2023	
OSS HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE: 1861 POWDER MILL ROAD				
STATE LICENSE NUMBER: 22530101			YORK, PA 17402				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		COMPLETE	
P 0000	This report is for the not Interbody Fusion (ALI 2023. The OSS Health attested they were in for requirements of the Per Health's Rules and Reg Code, Part IV, Subpart 1987, as amended June	y 24, l the ent of lls, 28 PA	P 0000				
LADOPATORY	DIRECTORS OF BROWING SUBBLE	IED DEDDESENTATIVES SIGN	ATTIDE		TITI E.	WORL	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:							

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Certified End Page

OSS HEALTH

STATE LICENSE NUMBER: 22530101 SURVEY EXIT DATE: 06/29/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY